
Program Memorandum Intermediaries

**Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)**

Transmittal A-03-076

Date: AUGUST 29, 2003

CHANGE REQUEST 2887

SUBJECT: October 2003 Update of the Hospital Outpatient Prospective Payment System (OPPS)

This Program Memorandum (PM) provides changes to the OPPS for the October 2003 update. The October 2003 Outpatient Code Editor (OCE) and OPPS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS) codes and ambulatory payment classification (APC) additions and changes, and other revisions, identified in this document. Unless otherwise noted, all changes addressed in this PM are effective for services furnished on or after October 1, 2003.

This PM addresses the following subjects:

- I. New HCPCS Codes and Their Status Under the Hospital OPPS**
- II. Newly-Approved Drugs and Biologicals Eligible for Pass-Through Payment**
- III. Comprehensive List of Pass-Through Device Category Codes in Effect as of 10/1/03**
- IV. New APC Groups**
- V. Modifications to Existing HCPCS Codes and APC Groups**
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- IX. Claims for Tranocyte for Services Furnished July 1 through September 30, 2003**
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I. New HCPCS Codes and Their Status Under the Hospital OPPS

HCPCS Code	Effective Date	SI	APC	Short Descriptor	Long Descriptor	Reference
C9123	07/01/03	G	9123	Transcyte, per 247 sq cm	Transcyte, per 247 square centimeters	Refer to Section II of this PM
C9208	10/01/03	G	9208	Injection, agalsidase beta	Injection, agalsidase beta, per 1 mg	Refer to Section II of this PM
C9209	10/01/03	G	9209	Injection, laronidase	Injection, laronidase, per 2.9 mg	Refer to Section II of this PM
G0296	10/01/03	S	0714	PET imge restag thyroid ca	PET imaging, full and partial ring PET scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan.	AB-03-092
G0297	10/03/03	T	107	Insert single chamber ICD	Insertion of single chamber pacing cardioverter defibrillator pulse generator	Refer to Section VIII of this PM
G0298	10/01/03	T	107	Insert dual chamber ICD	Insertion of dual chamber pacing cardioverter defibrillator pulse generator	Refer to Section VIII of this PM
G0299	10/01/03	T	108	Insert/repos single ICD +lead	Insertion or repositioning of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator	Refer to Section VIII of this PM
G0300	10/01/03	T	108	Insert/reposit lead dual+gen	Insertion or repositioning of electrode lead (s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator	Refer to Section VIII of this PM
L8110	10/01/03	A		Compression Stocking BK30-40	Gradient Compression Stocking, below knee, 30-40 MMHG, each	AB-03-090
L8120	10/01/03	A		Compression Stocking BK40-50	Gradient Compression Stocking, below knee, 40-50 MMHG, each	AB-03-090
Q4075	10/01/03	N		Acycloviri, 5 mg	Injection, Acyclovir, 5 mg	N/A
Q4076	10/01/03	N		Dopamine hcl, 40 mg	Injection, Dopamine Hydrochloride, 40 mg	N/A
Q4077	10/01/03	N		Treprostinil, 1 mg	Injection, Treprostinil, 1 mg	N/A
Q4078	10/01/03	K	9025	Ammonia N-13, per dose	Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose	AB-03-092

II. Newly-Approved Drugs and Biologicals Eligible for Pass-Through Payment

HCPCS Code	Effective Date	SI	APC	Short Descriptor	Long Descriptor
C9123	07/01/03	G	9123	Transcyte, per 247 sq cm	Transcyte, per 247 square centimeters
C9208	10/01/03	G	9208	Injection, agalsidase beta	Injection, agalsidase beta, per 1 mg
C9209	10/01/03	G	9209	Injection, laronidase	Injection, laronidase, per 2.9 mg

III. Comprehensive List of Pass-Through Device Category Codes in Effect as of October 1, 2003

Below is a complete listing of the device categories that are eligible for pass-through payment under the OPSS. If a device is described by one of the existing device categories but is packaged as a component of a system, only the device that meets the pass-through criteria would be eligible for pass-through payment under the appropriate category.

HCPCS	Category Long Descriptor	Effective Date
C1765	Adhesion barrier	07/01/01
C1783	Ocular implant, aqueous drainage assist device	07/01/02
C1814	Retinal tamponade device, silicone oil	04/01/03
C1818	Integrated keratoprosthesis	07/01/03
C1884	Embolization protective system	01/01/03
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	07/01/02
C1900	Lead, left ventricular coronary venous system	07/01/02
C2614	Probe, percutaneous lumbar discectomy	01/01/03
C2618	Probe, cryoablation	04/01/01
C2632	Brachytherapy solution, iodine -125, per mCi	01/01/03

IV. New APC Groups

APC Code	Effective Date	SI	Group Title	Payment Rate	Minimum Unadjusted Copayment
9123	07/01/03	G	Transcyte, per 247 sq cm	\$732.45	\$109.48
9208	10/01/03	G	Injection, agalsidase beta	\$123.78	\$18.50
9209	10-01-03	G	Injection, laronidase	\$644.10	\$96.28

V. Modifications to Existing HCPCS Codes and APC Groups

A. Modifications to HCPCS Status Indicators (Changes are in bold type)

HCPCS Code	Effective Date of Change	SI	Short Descriptor
0029T	01/01/03	A	Magnetic tx for incontinence
33240	10/01/03	E	Insert pulse generator
33249	10/01/03	E	Eltrd/insert pace-defib
80050	08/01/00	E	General Health Panel
G9016	04/01/02	E	Demo-smoking cessation coun
J1055	01/01/01	E	Medrxypogester acetate inj
J3520	01/01/01	E	Nasal vaccine inhalation
J3535	01/01/01	E	Metered dose inhaler drug
J3570	01/01/01	E	Metered dose inhaler drug
K0560	04/01/03	N	Mcp joint 2-piece for implant
K0610	07/01/03	A	Peritoneal dialysis clamp
K0611	07/01/03	A	Disposable cyclor set
K0612	07/01/03	A	Drainage ext line, dialysis
K0613	07/01/03	A	Ext line w easy lock connect
K0614	07/01/03	A	Chem/antiseptic solution, 8oz
Q2001	08/01/00	E	Oral cabergoline 0.5 mg

B. Modifications to HCPCS Descriptors (Changes are in bold type)

The short and long descriptors for the following C-codes have been revised from "seed" to "source." Intermediaries are advised to add this change to the HCPCS file in their internal claims processing systems. Note these changes will be reflected accurately in the 2004 HCPCS file.

HCPCS Code	Effective Date of Change	SI	Descriptor
C1716	07/01/03	K	Brachytx source, Gold 198
C1718	07/01/03	K	Brachytx source, Iodine 125
C1719	07/01/03	K	Brachytx sour,Non-HDR Ir-192
C1720	07/01/03	K	Brachytx sour, Palladium 103
C2616	07/01/03	K	Brachytx source, Yttrium-90

C. Modifications to APC Groups (Changes are in bold type)

APC Code	Effective Date of Change	SI	Group Title
1716	07/01/03	K	Brachytx source, Gold 198
1718	07/01/03	K	Brachytx source, Iodine 125
1719	07/01/03	K	Brachytx sour,Non-HDR Ir-192
1720	07/01/03	K	Brachytx sour, Palladium 103
2616	07/01/03	K	Brachytx source Yttrium-90
9025	10/01/03	K	Radiopharms Used to Image Perfusion of Heart

VI. Prothrombin Time International Normalized Ratio Monitoring (PT/INR)

Instruct hospitals that when billing for G0249 (“Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to a physician; per 4 tests”), we will allow them to bill for up to three units of G0249 at a time in order to cover up to 12 tests so that the service is billable on a date when a patient would attend the clinic for a face-to-face visit.

VII. Positron Emission Tomography (PET) Scans for Thyroid Cancer and Perfusion of the Heart Using Ammonia N-13

The following two codes were newly created to support expanded coverage of PET scans as described in Transmittal AB-03-092, CR 2687.

HCPCS Code	SI	APC	Short Descriptor	Long Descriptor
G0296	S	0714	PET image restag thyroid ca	PET imaging, full and partial ring PET scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan
Q4078	K	9025	Ammonia N-13, per dose	Supply of radiopharmaceutical diagnostic imaging agent, Ammonia N-13, per dose

HCPCS codes G0296 and Q4078 are reportable under the hospital OPPS effective for services provided on or after October 1, 2003. For Perfusion of the Heart using Ammonia N-13, instruct hospitals to use the current HCPCS code series for PET scans for Perfusion of the Heart (G0030-G0047). As indicated in Transmittal AB-03-092, CR 2687, Q4078 (“Ammonia N-13, per dose”) and Q3000 (“Rubidium Rb 82”) are the only two tracers that are covered for HCPCS codes G0030-G0047 and G0296. Additionally, the descriptor for APC 9025 has been modified from “Rubidium” to “Radiopharms Used to Image Perfusion of Heart.” For further information on expanded coverage of PET scans and related claims processing requirements refer to Transmittal AB-03-092, CR 2687 dated June 20, 2003.

VIII. New Codes for Insertion of Implantable Cardioverter Defibrillators (ICD)

Effective for services furnished on or after October 1, 2003, instruct hospitals to discontinue reporting the following two CPT codes:

CPT Code	Descriptor
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

Instead, effective for services furnished on or after October 1, 2003, instruct hospitals to begin reporting one of the following new codes, as appropriate:

HCPCS Code	Descriptor
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator
G0298	Insertion of dual chamber pacing cardioverter defibrillator pulse generator
G0299	Insertion or repositioning of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator
G0300	Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator

For services furnished on or after October 1, 2003, CPT codes 33240 and 33249 are not recognized under the OPSS and claims reporting these codes will be returned to the provider.

IX. Claims for Transcyte for Services Furnished July 1 through September 30, 2003

Hospitals that submitted claims for Transcyte for services furnished during the period July 1 through September 30, 2003, may resubmit those claims for reprocessing using HCPCS code C9123 to reflect the pass-through payment amount for this biological effective for services furnished on or after July 1, 2003. See section II of this PM.

X. Errata

In Section IV. A. of the July 2003 Update of the Hospital Outpatient Prospective Payment System (Transmittal A-03-051), we communicated a change to the Status Indicator for **0029T** to Status Indicator "A" effective July 1, 2003. This was incorrect. The correct effective date of the Status Indicator change is January 1, 2003.

The effective date for this PM is October 1, 2003.

The implementation date for this PM is October 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2004.